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# London Gang Exit Evaluation Progress Report

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**M O P A C**

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**MAYOR OF LONDON**

OFFICE FOR POLICING AND CRIME

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## **Executive Summary**

Commencing in February 2016 and running until October 2017, London Gang Exit (LGE) is a £1.5M multi-agency intervention, jointly commissioned by MOPAC and the Community Rehabilitation Company (CRC), which aims to reduce the harm caused by gangs; reduce involvement in gang offending; and to assist exit from a gang related lifestyle. LGE aims to provide a service tailored to identify needs of individuals via delivery partners.

This interim LGE report provides a brief overview of the evaluation methodology, highlighting ongoing risks and presenting key performance data to date. Learning around implementation via feedback from the first practitioners' survey, and qualitative semi-structured interviews carried out with relevant LGE staff are included. Any measurable impact of key outcomes will be detailed in future reports (as per the evaluation timeline provided). A final report, including potential analysis of offending proxies and cost will be available in May 2018. Findings to date are summarised below:

### ***What is working well?***

- Training has been well received, particularly its thoroughness. Up-skilling practitioners offers a sustainable approach to tackling gang culture and desistance from it.
- Referral numbers are increasing, indicating there is a good relationship with the boroughs.
- Although the majority of referrals are from the 16-24 age cohort, there have been some made and accepted for those younger than 16, indicating a need for support from a wider cohort.
- There is a shared understanding between the referral centre (CRC) and LGE of the barriers between referral and intervention; several strategies with the aim of making the process more streamlined have been actioned because of this disjoin.

### ***Challenges so far***

- The name of the programme – 'London Gang Exit' is considered misleading, potentially secluding certain groups, .e.g. young females, from being referred.
- Further engagement is needed with 'harder to reach' groups, for example those at risk from CSE (Child Sexual Exploitation), and the VCS (Voluntary Community Sector) to increase referrals.
- There are barriers associated with the separateness of the referral centre and LGE, affecting the ability to retain the integrity of the programme. Greater sharing of knowledge and experience is recommended to ensure a more streamlined feedback loop.
- A shortage of LGE staff caused initial problems, with specialist caseworkers taking on clients in the absence of support workers. In some cases, only one specialist worker has been assigned to a specific intervention.
- Missing data on referral forms and inconsistencies between the forms in circulation have led to delays in the client moving from the referral team to LGE, delaying client access to interventions.
- The quality of data has been inconsistent, particularly around offending data where it remains unknown if many of the current cohort is on the MPS Gangs Matrix.

# 1. Introduction

## Background

Youth violence and gang related crime in London continues to be a significant concern. Although only an estimate of a complex picture, Metropolitan Police Service (MPS) data suggests there are currently around 182 gangs, made up of approximately 3,500 individuals identified across the capital. These individuals are estimated to be responsible for a disproportionate amount of London's crime; 9% of all personal robbery, 16% of serious youth violence, and 40% of shootings<sup>i</sup>. Criminal career analysis, conducted by the MOPAC Evidence & Insight team indicated a typical gang member had on average nine proven offences in their history, and were on average 15 years old when they committed their first offence<sup>ii</sup>. After initial reductions in 2012, gang flagged crime has been increasing since (1,579 gang flagged offences in 2013 (CY), compared to 2,094 in 2015 (CY))<sup>iii</sup>. In response to recent rises across the board in proxies of 'gang related crime' (such as knife and gun crime offences) there is recognition more needs to be done to target not only those involved in the gang-lifestyle, but youth at risk of joining.

The latest Mayoral manifesto acknowledges the daily reality of gang related threats of violence, and knife crime in particular, that many communities face. It states the intention to develop anti-gang strategies with local authorities, schools and youth services, whilst working with community organisations to further youth engagement. It is recognised individuals involved with gang violence are also likely to have complex needs – experiencing higher levels of victimisation and a higher incidence of mental health difficulties, above both the general population and other entrants to the criminal justice system<sup>iv</sup>. As gang members are disproportionately involved in violence, as both victims and offenders<sup>v</sup> it important for any programme promoting desistance from gang culture to be inclusive of both, and recognises the support needed for young people living with the threat of violence.

There is limited research around 'what works' in terms of leaving gangs. Studies have highlighted the average age of a gang member is around 20<sup>vi</sup> and the upper age limit is around 25<sup>vii</sup>, suggesting there may be a maturational 'turning point' which exists in a criminal career and requires an active cognitive element of wanting to get out<sup>viii</sup>. It is recognised that exiting a gang will most likely be a difficult process<sup>ix</sup>, as just as gang entry is multi-dimensional, so is gang-exit, therefore any intervention must share this nature<sup>x</sup>. As leaving often involves a great number of people and requires facing an ever-greater challenge in terms of dealing with the negative consequences of exclusion and labelling, the process may become involuntary<sup>xi</sup>. A successful intervention programme will be reactive to these changes.

Other factors thought to promote the likelihood of leaving include pivotal life events such as parenthood and new opportunities e.g. a good job<sup>xii</sup>, with a central need for an individual to have a sense that things can be different in the future<sup>xiii</sup>. Therefore, gang exit is considered a process, which occurs over time and involves increasing ties to 'conventional activities and institutions'<sup>xiv</sup>. In contrast, there is little evidence to support the criminal justice system as a reason linked to exit<sup>xv</sup>; the emphasis instead lies on gang experiences (such as violence), social processes and fundamentally a level of motivation from the individual to feel 'ready' in order for it to be successful.

Despite a wealth of academic research<sup>xvixvii</sup> and promising localised work across the third sector and community interventions (e.g. The Hackney Gangs Interventions Project, Southwark's SERVE

programme, Waltham Forest's Gang Prevention Programme, and Lewisham's Trilogy+<sup>1</sup>), London services are still provided at a borough level. National and regional initiatives such as the Tackling Gangs Action Programme (2007), and Ending gang and youth violence (2015), have led to policy changes, such as mandatory sentences for knife and gun crimes<sup>xviii</sup>. However, there is still a lack of consistency around the opportunities on offer across London's boroughs. Some commission no gang specific services at all and many outer London areas do not have the resources or experience to deal with the complex issue of gangs, particularly given the reported increased fluidity in territorial and criminal activities<sup>xix</sup>.

The requirement of a 'collaborative pan-London gang exit service'<sup>2</sup> to replicate need and be free from the constraints often associated with borough specific services has become increasingly obvious. Without a pan-London response, the continual reliance on varied local service provision will not guarantee young people receiving a consistent approach or an equal opportunity to access services. In 2016, the government refreshed its national approach to gangs; the Home Office are reforming their ending gang and youth violence programme into a new approach to end gang violence *and* exploitation<sup>xx</sup>. The Pan London Gangs Exit (LGE) service remains linked at a strategic level with these developments.

## London Gangs Exit and its aims

Commencing in February 2016, the LGE is a £1.5M multi-agency intervention, jointly commissioned by MOPAC and the Community Rehabilitation Company (CRC). Safer London (SL) is leading a consortium of organisations to deliver the LGE with key delivery partners Redthread and Only Connect, working with the CRC's new referral centre. The Pan London service was designed to complement and enhance existing local services, filling gaps in provision.

Specific aims are to:

- Reduce offending
- Increase stable and secure housing
- Increase education, training and/or employment
- Improve self-esteem and well being
- Improve health and mental health needs
- Engage in gang exit activity

There are three key aspects to the LGE approach:

- **Inclusive cohort** – it is the first pan London service for anyone aged 16-24, who are at risk from gangs and/or who pose a risk of harm to others. It is unique in its approach by recognising the complexities of gang involvement and the blurred lines between offender and victim.
- **Tailor made support** - this could include mental health support, employment support and specialist support for young women.
- **Holistic approach** – The allocation of a trained caseworker to the young person, to provide intensive support and advocate on their behalf by building an effective and consistent relationship.

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<sup>1</sup> Tackling London's Gangs. February 2012

<sup>2</sup> As indicated during the consultation process for the Strategic Ambitions for London: Gangs and Serious Youth Violence

Additionally, the LGE service has an innovative commissioning approach, in that it transcends borough boundaries, to create a consistent service across London. The service will integrate with local delivery and provide additionality to local services.

## **Evaluation overview**

Evidence and Insight (E&I), MOPAC's in-house social research team, are conducting the evaluation of the LGE. A holistic plan has been designed with the intention to measure:

- 1) Performance-monitoring data
- 2) The **process** of implementing LGE,
- 3) How the service **impacts** on the user and the specified outcomes, and
- 4) The **cost** of the programme (i.e., cost benefit analysis).

Using a mixed methods approach, the evaluation will draw on an array of data sources from MPS and Partner agencies across thematic areas as outlined in Appendix A. Scoping for suitable data is ongoing; access problems and/or data quality may limit inclusion in the final evaluation, and/or the ability to measure the impact against the programmes aims. Depending on sample sizes, there is a potential to use a matched controlled design for the more robust measures, such as offending data; it may only be possible to access indicative information for other outcome measures. To date, six monthly spreadsheets have been submitted by CRC and SL to understand who is accessing the service; a staff survey has been distributed; and nine interviews have been conducted to understand the process of implementation to date (see Appendix C for more details).

### ***Timeframes for deliverables***

Further staff surveys are planned for; November 2016, April 2017, and September 2017. A 15-month progress report, which will include year one impact (proxies of offending analysis), is scheduled for July 2017. The final impact assessment is due in May 2018 (see Appendix D for a more detailed timeline).

## 2. Performance Monitoring

### Process model

The LGE consists of a referral process known as 'Phase 1', and subsequent intervention, known as 'Phase 2'. Referrals are received from local authorities, police, health, as well as a plethora of other organisations into CRC<sup>3</sup>. CRC hold the decision-making responsibility as to whether clients are accepted on to the programme or not. Cases are assessed using information on the referral forms, risk assessments and motivational tools. Once accepted, the case is passed to LGE (known as Phase 2) where a client can be referred for:

- 'Component 1' - they are allocated a support worker to act as their case manager,
- 'Component 2' - they are allocated a relevant specialist worker to act as case manager.
- If necessary, clients can be submitted for both component 1 and 2.

LGE provides in-house services as a means of intervention and have the ability to 'spot purchase' if there is a specific service that they cannot offer (Appendix F shows this process in further detail).

### Current cohort demographics

Safer London holds responsibility for the case management function for LGE, with individual level client data sent from both CRC and Safer London to E&I on a monthly basis to help monitor if the process is working as intended.

There are currently 138 active cases on the LGE programme<sup>4</sup>, consisting of 12 females and 126 males. Since March 2016, the programme has allowed flexibility with the age of the client – with 14 individuals under the age of 16<sup>5</sup> and 16 over the age of 25<sup>6</sup>. Where data on ethnicity is available (n=121), the majority of clients are classified as BME (n=107, 87%), this is in-line MPS Gangs Matrix ethnicity. A small number report a disability, sometimes related to injuries sustained because of a gang related incident i.e. shooting or stabbing<sup>7</sup>.

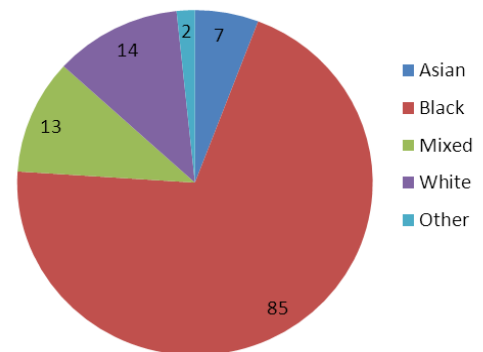


Figure 1. Cohort demographics

### Offending data

It is the intention of the E&I evaluation to assess the offending behaviour of those individuals on the LGE programme who have been referred and accepted. The most robust way to analyse this is through *proven reoffending*. This can be defined as any offence being committed in a one-year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow-up or a further six month waiting period. As such, this analysis is less timely – the full process requires an 18-month period

<sup>3</sup> i.e. youth offending teams, MPS, social services

<sup>4</sup> As of 16<sup>th</sup> September 2016

<sup>5</sup> The youngest client is aged 12.

<sup>6</sup> The oldest client is aged 29.

<sup>7</sup> LGE – Quality thematic report Q1 June 2016

of waiting. It is the intention for this analysis to feature in the final evaluation report (due around May 2018) along with the possibility of including a comparison group. However, other less robust types of offending analysis are possible and for the second progress report (due around July 2017) - proxies of offending will be assessed e.g. arrest and police charge data in order to develop early insights.

For this progress report, only the data provided from LGE with regards to the MPS Gangs Matrix<sup>8</sup> have been assessed, however many inconsistencies have been highlighted e.g. client information is often unknown (38 cases). 37 cases have been identified as *not* being on the Matrix, and eight cases are identified as being on the Matrix but their scoring is unknown.<sup>9</sup> Additionally, two of the 37 are classified as Red, two as Amber, and two as Green. However, there are caveats to using Matrix data and RAG ratings<sup>10</sup> to assess general offending, as the scores are comprised of recent intelligence and known offending activity across a specific crime type.

## Referrals & Interventions

The table below indicates the available data regarding the intervention strands on the LGE. Many clients referred into the service for gang involvement, are also experiencing harm from gangs which is reflected in the figures. Housing also appears to be a priority, along with education, training and employment (ETE).

**Table 1.** Total number of live clients and intervention strands

Relevant Strand	Total no. of Live Clients
Gang Exit Strand	26
Harm From Gangs Strand	36
Offending Behaviour Strand	20
Housing Option 1 Strand	16
Housing Option 2 Strand	26
Housing Option 3 Strand	12
Health and Wellbeing Strand	19
Family and Relationships Strand	17
Harmful Sexual Behaviour Strand	0
ETE Strand	27 <sup>11</sup>

Whilst it is useful to monitor the number of people receiving interventions, there is little robust data provided on whether the client successfully engaged, with an intervention or whether the services received are being tailored to all the client's original needs. Later reviews will look to supplement this data with coding of case notes, to obtain a greater understanding of the services provided. This will be

<sup>8</sup> Trident Matrix - identified the most harmful gang members, scoring individuals identified by police and partners who are thought to be associated with gang violence. Intelligence on an individual's previous 3 year violent history is used to score and assign a risk rating of red, amber, or green based on their level of harm they pose, in addition to the likelihood of them becoming a victim of gang related crime.

<sup>9</sup> For impact analysis, MOPAC E&I will retrieve relevant Matrix scores from MPS.

<sup>10</sup> Three possible RAG ratings (green, amber, red) therefore this may not be a sensitive enough measure.

<sup>11</sup> LGE – Quality thematic report Q1 June 2016



important analysis to understand whether certain individuals, having certain needs met end up committing less offences.

### **Rejections and re-referrals**

So far, eight people have been rejected by CRC for the following reasons;

- The application form has not been fully completed.
- Lack of evidence of motivation for young person to change.
- Individual issues (immigration, court, which has resulted in the referrer withdrawing).

The majority of these (six) have been re-referred, and five of these have now been accepted due to other agencies being unable to take any new clients (or seeing no progress), and outstanding court cases have been dealt with.

### **The need for wider support**

It has become apparent there is a greater need from individuals who do not fit the 'regular' MPS profile of gang-related offending. For example, the broader age groups (outside 16-24 range), the inclusion of females (who make up 9% of current cohort) and the lower offending/risk level (25% of current cohort are not on the Matrix), produces a different cohort of individuals than might be expected from MPS gangs data. As anticipated, data suggests around a third more individuals (n=115) are referred to the LGE for their risk of experiencing harm from gangs, rather than a need to exit the gang itself.

It maybe those individuals scoring Red or Amber on the Matrix already have good access to services, in which case there is a greater need to fill the gaps in service provision for slightly different cohort who are affected by gangs but may not themselves be highlighted as high risk for gang offending. This is important to note for two reasons:

- 1) This cohort may have a different set of needs, in terms of practical implementation the services provided may need to adapt accordingly; and
- 2) The different make-up of this cohort will affect the ability to assess impact – not only who they are matched with, but whether we would expect to see a reduction in offending behaviour which is already at a lower level.

### 3. Findings to date

Findings from the first LGE practitioner survey and the staff interviews have been split into eight emerging themes; *understanding of the programme, training and resourcing, the separation of CRC, cross agency working, managing expectations, data quality and missing information, specific intervention strands and the cost of LGE*. The first practitioner survey ran for two weeks from 7<sup>th</sup> July 2016 (see Appendix B). Findings should be interpreted with caution due to the low survey response rate (n=19/26) however the results below also draw from the nine interviews with staff members from both CRC and SL.

#### Understanding of the LGE programme

There is an appetite amongst professionals for a gang exit programme in London; all respondents from the survey agreed there is a significant gang problem in London, and the majority believe LGE will reduce gang violence. Positively, there appears to be a widespread understanding amongst the practitioners of the process involved in the LGE programme, such as who makes the referrals and the wider aims of the programme. Survey and interview feedback suggests practitioners are confident in their understanding of their roles.

As more clients are currently accessing the LGE service for their *risk of experiencing harm* from gangs rather than a need to exit the gang itself, the name of the programme – ‘London Gang Exit’ is thought to be misleading for potential referrers, *‘it implies that certain things might not be offered’* (staff interviewee). In addition, practitioner interviews suggested there is further confusion with the programme still being associated with a previous SL project ‘Safe and Secure<sup>12</sup>’, particularly around the housing intervention (discussed below).

#### Initial implementation: Training and Resourcing

Despite an initial understanding of the programme, practitioners appear to be concerned they do not have the right tools to make referrals and a lack of resourcing was a universal concern. Only a third of survey respondents think LGE has enough practitioners to ensure clients receive an effective intervention, with staff interviews corroborating this. It is thought the current structure of Component One (support worker) and Component Two (specialist worker) (see Appendix E) could also be improved, as *‘currently everyone is integrating’* (staff interviewee), with specialist workers taking on more general roles and assisting in the absence of enough support workers. The need for them to hold cases themselves therefore limits their capacity to deliver specialist support.

*“There has always been a gap between staffing levels we have and staffing levels we should have, but we are still expected to deliver a high quality service and meet the needs of those on the programme”*  
(staff interviewee)

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<sup>12</sup> Safer London programme to re house those at high risk of gang related violence and end individuals’ involvement in gang lifestyle  
<http://saferlondon.org.uk/wp-content/uploads/2014/11/Executive-Summary-of-Safe-Secure-Progress-Review-Oct-2013.pdf>

Some concerns were raised around staffing levels at the beginning of implementation<sup>13</sup>. Positively, interviews indicated staff feel workloads are constantly being reassessed and contingency plans are in place should there be an influx of referrals (e.g. the use of volunteer mentors).

Feedback regarding training was positive, but there are distinct points for improvement. Feedback suggested that staff received training before they began their LGE role and whilst most thought this prepared them enough, it was highlighted a broader understanding of the processes used at both the referral centre and the intervention level was required to better clarify roles. Specialist staff training (e.g. harmful sexual behaviour) was highlighted as something required to up-skill the whole team, ensuring a universal understanding of the intervention pathways available. Practitioners thought training was of good quality, although some suggested this could be better tailored to account for individual experience, that those who are new might require more support.

*“I wish I had this quality of training when I started in the field” (staff interviewee)*

*“Workshop attended by front line staff and operation management to amalgamate the processes involved in referral and delivery, and clarify what they are” (staff survey respondent)*

This indicates scope for continued work to provide training refreshers; LGE seeks to address this through the introduction of monthly case review panels, where support workers will present a case they hold to specialist workers for feedback.

## **Separation of the referral centre (CRC)**

Barriers around the separateness of the CRC referral centre are apparent, creating difficulties with engagement and the timeliness to provide an intervention. Practitioners highlight how the referrers are possibly unaware of the involvement of other agencies in the process and their responsibilities (i.e. the interventions available), which can compromise the level of support provided. It is felt this disconnect between the initial referrer and the final service provider limits the credibility of the programme, creating an *‘ineffective feedback loop’* (staff interviewee). There are additional cultural differences between CRC and LGE which impact on how they work with clients; because LGE is voluntary the clients may need more motivating to engage in the intervention.

However, it was also acknowledged there are benefits to having a separate referral centre; for example, by eliminating any bias of who is accepted or rejected from the programme. Positively, both CRC and LGE have been reactive to this potential barrier, offering cross-team shadowing experiences, weekly service manager meetings, and quarterly workshops for CRC so referrers can get to know the process.

*“CRC should integrate into delivery arm so it becomes a more seamless service, but should retain separation in order to retain integrity” (staff interviewee)*

## **Cross-agency referrals**

Respondents felt more initial consultation with partners and referring agencies would have been useful to manage expectations around the programme when it went live. As the main sources of referrals come

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<sup>13</sup> Lack of support worker at LGE

from statutory bodies rather than the voluntary and community sector (VCS, 25%), it suggests engagement work still needs to be done with these organisations. This is reinforced by the fact that although there is a good geographical spread of referrals<sup>14</sup>, some staff believed certain boroughs are suspicious about using the service because they have their own gangs unit. There is therefore a need to promote clarity around the additionality the service is aiming to provide. Survey findings indicate the majority of staff also remained neutral on whether the right partners were involved, but more positively practitioner interviews revealed a shift in opinion with many stating there is a good working relationship with the right agencies.

*“Until people know it is successful they aren’t as willing to refer” (staff interviewee)*

*“There was a slow uptake as many referrers were initially unsure of the service and if it was a threat to other agencies” (staff interviewee)*

## **Managing expectations**

Some practitioners have expressed concern that without any visible outcomes of whether the programme is working in gang desistance or not, there will be a reluctance to refer people. Furthermore, there is uncertainty around what happens after the six-month intervention, and who will hold the responsibility for clients who fall out of the LGE remit.

*“What is the end product for the user? This needs to be clear else it won’t work” (staff interviewee)*

## **Poor data quality & missing referral information**

Another service assessment commissioned by CRC<sup>xxi</sup> highlighted the apparent lack of understanding regarding the importance and standardisation of risk assessments on the referral forms, with little consideration that elements of risk can affect the type of intervention used. This has been corroborated by feedback from staff interviews, which highlight problems regarding inconsistencies on the form, and the different ‘versions’ in circulation. It was found that 70 of the cases initially passed to LGE had incomplete referral forms, causing a delay in the process. As a result, there is now a preference by CRC to make phone referrals in the first instance, to prevent wasting time filling out extensive referral forms, only for the case to be turned down by the referral centre.

### **CRC Service Assessment: Main Findings**

- No standardisation of risk assessments on referral forms.
- Lack of understanding about the importance of the ‘risk of harm’ section of the form.
- Lack of consideration of the background and risk elements and how they affect the intervention applied.
- No value in the Motivational Assessment Tool as there is little understanding of how variations in answers are considered.

Staff interviews highlighted further concern that the timeliness of the referral process could affect the willingness of the client to engage. This was supported by LGE performance data, which indicates incomplete referral forms cause delays (e.g. back and forth process). The main reasons for this were missing or incomplete information including risk assessments, motivational tool questionnaires and other

<sup>14</sup> See ‘performance data overview’

supporting documents. Some cases had missing information from Trident and the prison service, although this was less common.

### **Specific intervention strands**

Housing is a priority for the clients – with around two thirds requiring this strand of support. From the 73 clients in the current cohort who need housing advocacy from LGE, 10 of these were deemed at ‘immediate risk’, needing relocation to a different borough. Staff fed back that few clients understand their housing rights, therefore a lot of work is required to manage expectations.

*“Some young people think it is a route to housing” (staff interviewee)*

The number of referrals for women is low (less than 10% of current cohort), suggesting referrers do not appear to be making the connection between the services on offer and the potential to support individuals affected by gang harm – in particular victims of gang related Child Sexual Exploitation (CSE)<sup>15</sup>. When practitioners were asked if there were any clients they would like to see on the programme, many cited more young females. LGE qualitative reports outline plans for future stakeholder engagement, to focus on key areas and raise awareness of the support on offer to gang affected young women.

### **The Cost of LGE**

E&I are currently assessing the feasibility of a cost benefit analysis (CBA) of the LGE. CBA is a method used to evaluate the quantitative impact of an intervention by the use of robust economic analysis. A CBA of LGE would determine if the expenditure of public money is providing a net benefit to society, namely, in terms of reduction in harm caused by gangs. Furthermore, it would determine whether the intervention could make a case for future funding. To determine feasibility E&I have requested data from LGE concerning all costs associated with delivering the project. E&I have begun to baseline these costs as the service has commenced. Should CBA not be feasible, alternative economic analysis will be considered.<sup>16</sup>

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<sup>15</sup> LGE – Quality thematic report Q1 June 2016

<sup>16</sup> Cost analysis, break-even analysis or cost effective analysis.

## 4. Conclusions and next steps

The nature of gang involvement and desistance is multi-faceted and complex, and it is recognised that this is reflected in the difficulties of implementing a successful gang exit intervention. Although there has been some promising practice seen to date (e.g. the partnership working with CRC), there have also been several implementation challenges, which have initially hampered the programme.

- The branding of 'gang exit' implies a service designed to solely help gang members leave, yet the programme has a much broader remit to help those affected by gangs, or who are at risk of harm from gangs. This has the potential to exclude certain groups. Looking forward, a consistent level of engagement will ensure the young people most in need are getting access to the LGE.
- A shortage of LGE staff caused initial problems, with specialist caseworkers taking on clients in the absence of support workers. However, this was identified as an initial mobilisation issue, and staff are now confident there are sufficient contingency plans in place should caseloads reach full capacity (e.g. the use of volunteers).
- There are barriers associated with the separateness of the referral centre and LGE, which affects the ability to retain the integrity of the programme. Greater knowledge and experience sharing is recommended to ensure a more streamlined feedback loop. Training in specialist areas to upskill all members of the team would also help to improve this.

### Moving forward: changes to the LGE referral process

Positively, both CRC and LGE have been reactive to problems that have arisen. Since March 2016 referrals have been accepted for those younger than 16, indicating an understanding of the need to provide support to a younger cohort. Referral numbers continue to increase, demonstrating a good relationship with the boroughs, and the message of LGE is reaching the appropriate people. Based on initial experience with implementation, interventions and the current cohort the box below indicates proposed changes to the LGE referral process. The progress of these changes, uptake from the specific referral routes and any impact on the client cohort will be assessed at the next evaluation review.

- **Redthread 'live' referrals** - Staff engage with young people who present at Trauma Centres at the time when the young person involved in the risky behaviours is more open to change – known as the 'teachable moment'. This aim is to help the young person stop, review and make changes to their lives by agreeing to being referred to LGE.
- **Prison referrals** - Literature has suggested gang members are most open to intervention when they have been convicted and sanctioned i.e. in custody. LGE will be piloting an 'in reach' service in HMP Thameside for those who are approaching their release date. Data from CRC has indicated that referrals have been turned down because the client has been in prison.
- **Self-referrals** – LGE has plans to accept self-referrals.

## **Evaluation: next steps**

There will be a second wave of the staff survey distributed in November 2016 containing some questions from the first survey (in order to produce a 'trend tracker'), plus additional aspects to cover topics relevant to the programme as it approaches 12 months. E&I plans to conduct further staff interviews; coding case studies to add context; collecting client satisfaction data and feedback; and the possibility of client interviews.. In order to make robust conclusions about the impact of the programme against the aims (particularly offending data), the most feasible methodology identified is to scope a matched control sample<sup>17</sup> . For this to be successful, clients will be matched on a number of demographics as well as risk/offending history. A second interim report available in July 2017 will contain a performance overview, survey and interview feedback, offending proxies and conviction analysis for the year 1 cohort. A final report reflecting on the full two-year programme and a final impact assessment containing the conviction analysis for the year 2 cohort, plus cost analysis, and will be available in May 2018.

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<sup>17</sup> For example a technique such as Propensity score matching

## Appendices

### Appendix A: Proposed data source

Outcome	Data
Housing	Self-reported data; MPS Merlin. Possibly local authority data
Well-being and self-esteem	Distance Travel Assessment Tool; self-reported; psychometric scales; MPS data on stop and search; MPS merlin - vulnerability; MPS victim data. Possibility for health data
Training, education and employment	Self-reported; MPS Merlin. Possibility for Department of Education; National Insurance; Department of workplace and pensions data
Offending	MPS data on proxies of offending, such as arrest or police charge – CRIS, CRIMINT, MATRIX, Custody, Gang flagged (individual & borough level); Official conviction analysis done at 15 months from PNC

### Appendix B: Proposed methodology

<p><b><i>Process of Implementation</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff surveys</i></li> <li>- <i>Staff interviews</i></li> <li>- <i>Performance information</i>- Individual level case data to monitor the number of clients enrolled in the service. This includes - completed referrals; length of time between referral and service; demographic information; needs; referral matched to need; collaboration with existing services.</li> <li>- <i>Client information</i> - Existing or E&amp;I surveys; Distance Travel Assessment Tool; coding case notes; assessment of documented needs; ethnography; field work</li> </ul> <p><b><i>Cost of LGE</i></b></p> <ul style="list-style-type: none"> <li>- <i>Baseline</i> (Set up costs and predicted spend for year 1 and year 2)</li> <li>- <i>Actual spend</i> (End of year spends)</li> </ul>
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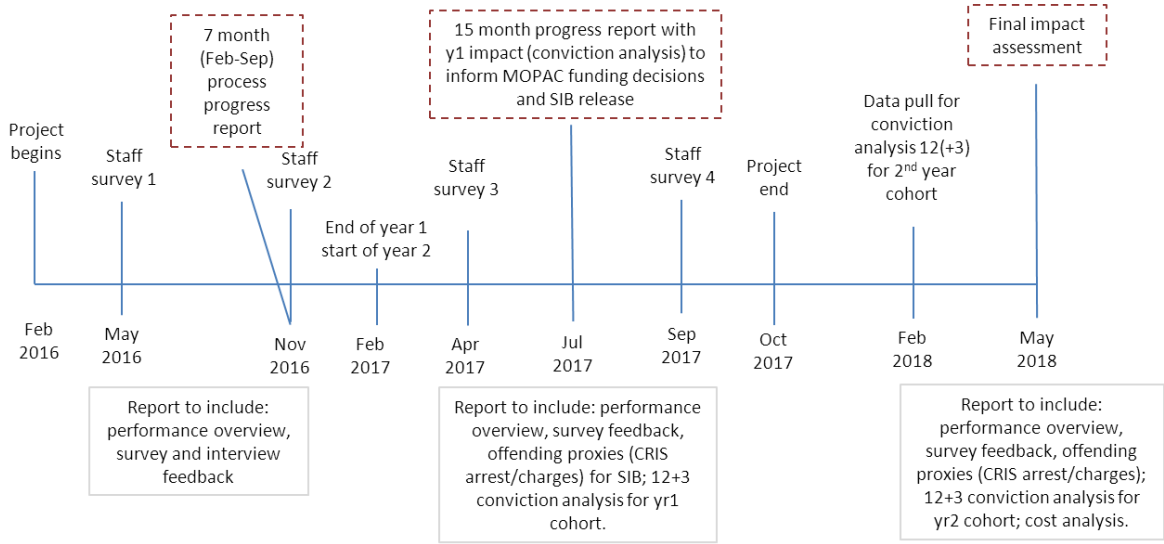
### Appendix C: Current methodology

Method	Participants	Date
Staff survey	28 people across Safer London and CRC received the survey, with 19 respondents - a 68% response rate.	Launched 7 <sup>th</sup> July 2016 for 2 weeks
Staff Interviews	E&I conducted 8 face-to-face interviews in August 2016, with staff members across a range of both strategic and practitioner roles within Safer London and CRC.	August 2016

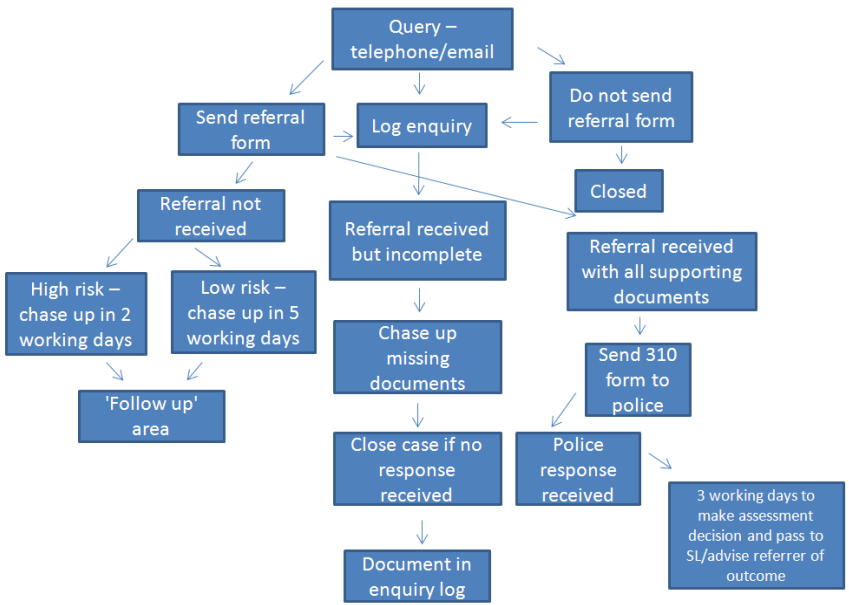


Performance data	Excel spreadsheet sent to E&I from Safer London	1 <sup>st</sup> of each month
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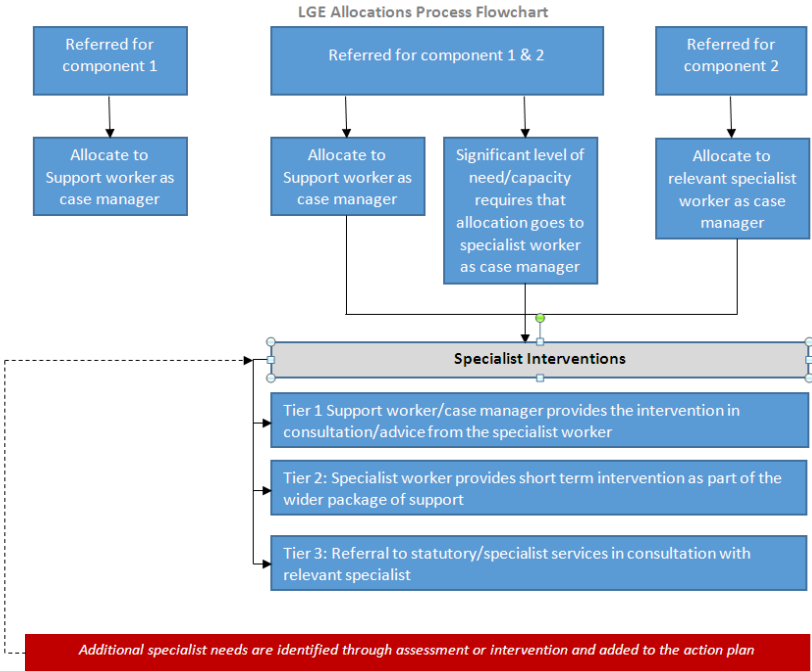
**Appendix D: Evaluation timeline**



**Appendix E: CRC process model**



# Appendix F: Safer London process model



## References

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